

EASTERN IOWA MENTAL HEALTH AND  
DISABILITY SERVICES REGION



## ANNUAL REPORT FY 2018

The Region exists to support an array of services designed to promote community integration for individuals diagnosed with mental illness, intellectual disabilities, developmental disabilities and/or brain injury.

### *Eastern Iowa*



### EASTERN IOWA MENTAL HEALTH AND DISABILITY SERVICES REGION

Community Services  
Directors:

**SERVING:**

*Cedar County, Julie Tischuk*  
*Clinton County, Becky Eskildsen*  
*Jackson County, Lynn Bopes*  
*Muscatine County, Kathie Anderson-Noel*  
*Scott County, Lori Elam, CEO*

Governing Board Approved:

# The Eastern Iowa MH/DS Region – Annual Report FY 2018

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# The Eastern Iowa MH/DS Region – Annual Report FY 2018

## *The Regional Annual Report FY 2018*

**The Annual Report** for FY 2018 from the Eastern Iowa MH/DS Region is in accordance with IAC- 441-25.20(331) and shall be submitted to the Department of Human Services, Regional Stake Holders and the Community Systems Consultants. The Annual Report shall incorporate an analysis of data associated with the services managed during the preceding fiscal year and shall include:

- Service actually provided.
- Actual number of individuals served.
- Money expended.
- Outcomes achieved.
- Collaboration.

The Iowa Legislature passed a bill known as the Mental Health Redesign (SF2315) in YR 2012, which made changes in the state's adult mental health and disability services system. The legislation (SF2315) changed the way the system is funded and managed.

This redesign required counties to work together under a regional structure to deliver non-Medicaid services and set a new menu of "core services" that must be available to Iowans with disabilities no matter where they live.

The Eastern Iowa MH/DS Region was formed under Iowa Code Chapter 28E to create a mental health and disability service Region in compliance with Iowa Code 331.390. The Region was approved by the Department of Human Services on 5/23/13 and serves Cedar, Clinton, Jackson, Muscatine and Scott Counties. The population total for the Region is 300,649 according to the 2016 census.

The Eastern Iowa MH/DS Region had, in compliance with IAC 441-25, compiled the following document:

- Annual Service and Budget Plan for FY18; State of Iowa approved: 6/20/2017.

An Annual Report is also required to be submitted to the Department of Human Services on or before December 1st. The Annual Report provides information on the actual numbers of persons served, moneys expended and outcomes achieved and collaboration.

This is the fourth Fiscal Year for submitting an Annual Report as a Region. Operating at a regional level has continued to be a learning process and growing experience for all those responsible for successfully implementing the redesign of the county mental health system as envisioned under SF2315.

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## *Services Provided in Fiscal Year 2018*

### **Core Service (IAC 25.2) and Access Standards (IAC 25.3)**

*The table below lists core services, describes if the Region is meeting the access standards for each service, how the access is measured and plans to improve or meet access standards.*

<b><u>Code Reference</u></b>	<b><u>Standard</u></b>	<b><u>Results:</u></b> <ul style="list-style-type: none"> <li>Met: Yes/No</li> <li>By which providers</li> </ul>	<b><u>Comments:</u></b> <ul style="list-style-type: none"> <li>How measured</li> <li>If not what is plan to meet access standard and how will it be measured</li> </ul>
25.2(3)l 25.3(1)a	A community mental health center or federally qualified health center that provides psychiatric and outpatient mental health services in the Region.	<p>Yes, the following providers meet the standard for a community mental health center:</p> <ol style="list-style-type: none"> <li>1) Abbe Center for CMH</li> <li>2) Bridgeview CMHC</li> <li>3) Hillcrest Family Services–Maquoketa CMHC</li> <li>4) Vera French CMHC</li> <li>5) Robert Young for CMH</li> </ol> <p>Yes, the following providers meet the standard for a federally qualified health center:</p> <ol style="list-style-type: none"> <li>1) Community Health Care, Inc., Clinton</li> <li>2) Community Health Care, Inc., Davenport</li> </ol>	<ul style="list-style-type: none"> <li>Services in Cedar County are available in a satellite office in Tipton IA provided by the Abbe Center for CMH.</li> </ul>
25.2(3)k 25.3(1)b	A hospital with an inpatient psychiatric unit or state mental health institute located in or within reasonably close proximity that has the capacity to provide inpatient services to the applicant.	<p>Yes, the capacity exists for adults at two (2) hospitals located within the Region:</p> <ol style="list-style-type: none"> <li>1) Genesis Medical Center located in Davenport.</li> <li>2) Mercy Medical Center Clinton located in Clinton.</li> </ol> <p>Yes, the capacity also exists for adults at UnityPoint Health Trinity Hospital located in Rock Island, Illinois that is in close proximity to the Region.</p> <p>Yes, the capacity also exists for adults at either the State</p>	<p>Although there might be open beds for adults, a hospital may have reasons to deny an admission.</p> <ul style="list-style-type: none"> <li>A staff shortage on the inpatient unit.</li> <li>The milieu on the unit.</li> <li>The nature of the crisis experienced by the individual needing a bed.</li> </ul> <p>Several additional hospitals with inpatient psychiatric units are within reasonably close proximity that also is available to residents of the Eastern Iowa (EI) Region.</p> <p>On 1/1/2018 the EI Region entered into a two (2) year pilot project, developed in conjunction with the State of Illinois, to address overflow of adults at the facilities located in the Eastern Iowa Region.</p>

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		Mental Health Institute located in Independence or Cherokee.	Under the pilot project, UnityPoint Health Trinity in Rock Island, Illinois provides additional inpatient access for adults from our Region that are court ordered to receive a mental health evaluation under Chapter 229.
<b>Outpatient:</b> (Mental Health Outpatient Therapy, Medication Prescribing & Management, and Assessment & Evaluation)			
25.3(3)a(1)	<p><u>Timeliness:</u> The Region shall provide outpatient treatment services.</p> <p><u>Emergency:</u> During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.</p>	<p>No, the following providers do not meet the outpatient Emergency standard for Outpatient Therapy/Medication Prescribing &amp; Management or Assessment and Evaluation:</p> <ol style="list-style-type: none"> <li>1) Abbe Center for CMH</li> <li>2) Bridgeview CMHC</li> <li>3) Hillcrest Family Services–Maquoketa CMHC</li> <li>4) Vera French CMHC</li> <li>5) Robert Young Center for CMH</li> </ol>	<p>This has been measured by reports made to Coordinators of Disability Services by the providers and by the individuals who have attempted to access the services.</p> <p>In the case of an actual emergency, the individual will be referred to the nearest Emergency Department.</p> <p>In addition to the five (5) providers there are numerous mental health practitioners not affiliated with a Community Mental Health Center that are available to address this need within the Region.</p> <p>The Region is addressing the timeliness of the <i>Medication Prescribing standard</i> under the Eastern Iowa (EI) Crisis Services agreement. “Prescriber Bridge Appointments” are to assist individuals with short term medication assistance until a local provider is able to serve individuals on an ongoing basis. Individuals may utilize Telehealth services for the Bridge Appointments following:</p> <ul style="list-style-type: none"> <li>• Post Hospital Admission,</li> <li>• Discharge from Emergency Department (Reconnection) or</li> <li>• Release from jail.</li> </ul> <p>Bridge appointments “slots” are at locations within the Region.</p> <p>Additionally, the Region is addressing the timeliness of the <i>Assessment and Evaluation Standard</i> under the EI Crisis Services agreement. Five FTE staff (one in each county) are contracted with local providers to provide assessments and evaluations within a county jail. Additionally, the five (5) FTE’s, because of their licensure, are also able to offer mobile assessment and evaluation to persons presenting to the court house requesting a civil commitment be filed.</p>

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25.3(3)a(2)	<u>Urgent:</u> Outpatient services shall be provided to an individual within one (1) hour of presentation or twenty-four (24) hours of telephone contact.	No, the following providers do not meet the Urgent standard for Outpatient Therapy/Medication Prescribing & Management/Assessment and Evaluation: 1) Abbe Center for CMH 2) Bridgeview CMHC 3) Hillcrest Family Services–Maquoketa CMHC 4) Vera French CMHC 5) Robert Young Center for CMH	This has been measured by reports made to Coordinators of Disability Services by the providers and by the individuals who have attempted to access the services.  In addition to the five (5) providers, there are numerous mental health practitioners not affiliated with a Community Mental Health Center that are available to address this need within the Region.  The Region is addressing the urgency of the <i>Medication Prescribing standard</i> under the EI Crisis Services System. “Prescriber Bridge Appointments” are to assist individuals with short term medication assistance until a local provider is able to serve individuals on an ongoing basis. Individuals may utilize Telehealth services for the Bridge Appointments following: <ul style="list-style-type: none"> <li>• Post Hospital Admission,</li> <li>• Discharge from Emergency Department (Reconnection) or</li> <li>• Release from jail.</li> </ul> Bridge appointments “slots” are at locations within our Region.  Additionally, the Region is addressing the urgency of the <i>Assessment and Evaluation Standard</i> under the EI Crisis Services system. Five (5) FTE staff (one in each county) are contracted to provide assessment and evaluations within a county jail. The five (5) FTE's, because of their licensure, are also able to offer mobile assessment and evaluation to persons presenting to the court house requesting a civil commitment be filed.
25.3(3)a(3)	<u>Routine:</u> Outpatient services shall be provided to an individual within four weeks of request for appointment.	Yes, the following providers meet the Routine standard for Outpatient Therapy/Medication Prescribing & Management/Assessment and Evaluation: 1) Bridgeview CMHC 2) Robert Young Center for CMH 3) Abbe Center for CMH 4) Hillcrest Family Services–Maquoketa CMHC	This has been measured by reports made to Coordinators of Disability Services by the providers and by the individuals who have attempted to access the services.

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		No, the following providers do not meet the Routine standard for Outpatient Therapy/Medication Prescribing & Management/Assessment and Evaluation: 1) Vera French CMHC	
25.3(3)a(4)	<u>Proximity</u> : Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.	Yes, all residents of the Region have access to outpatient service although the mental health provider might be in a private clinic or individual practice, not associated with a CMHC or FQHC.	This is measured by physical location of the outpatient offices.
<b><u>Inpatient:</u></b> (Mental Health Inpatient Therapy)			
25.3(3)b(1)	<u>Timeliness</u> : The Region shall provide inpatient treatment services. An individual in need of emergency inpatient services shall receive treatment within twenty-four (24) hours.	<p>No, the capacity does not exist for timeliness to access inpatient beds.</p> <p>However, the six (6) hospital Emergency Departments within the Region provide stabilization and safety while an inpatient treatment bed is being secured.</p> <p>The six (6) Emergency Departments are:</p> <ol style="list-style-type: none"> <li>1) Genesis Medical Center Davenport, IA</li> <li>2) Genesis Medical Center DeWitt, IA</li> <li>3) Mercy Medical Center Clinton, IA</li> <li>4) Jackson County Regional Health Center Maquoketa, IA</li> <li>5) UnityPoint Health-Trinity Muscatine, IA</li> <li>6) UnityPoint Health-Trinity Bettendorf, IA</li> </ol>	<p>There are occasions when a bed cannot be located with twenty-four (24) hours, and the individual will need to wait in a local emergency department until a bed within the Region is located or a bed is secured at a hospital outside the Region.</p> <p>This has been identified and monitored by Coordinators of Disability Services when tracking outcomes of commitments. In FY 18, the Region had a total of 639 commitments. Of these, 57 adults and 16 children/adolescents were referred and accepted at an inpatient unit outside of the Region.</p> <p>In order to address the need, the EI Region is providing the following activities:</p> <p>Telehealth Services, under the EI Region's Crisis System, provides additional screening and clinical interventions. Telehealth services are available in each of the six (6) hospitals located within the Region. Telehealth assessments provide additional screening and clinical interventions and may also incorporate trauma-informed approaches to care for individuals with complex needs.</p> <p>Strategic Behavioral Health, LLC, (SBH) completed a market study in the State of Iowa regarding the shortage of psychiatric beds which indicated the Eastern Iowa Region was under served. In June 2015, representatives</p>

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			<p>from Strategic Behavioral Health, LLC, a for profit company, began meeting with stakeholders to discuss inpatient needs. This resulted in a Certificate of Need (CON) hearing. The health facilities council deadlocked on approving the project twice but ultimately voted to give it the go-ahead in July of 2017.</p> <p>Groundbreaking of the proposed project occurred in April of 2018. At this time, the anticipated opening is early winter of 2019.</p>
25.3(3)b(2)	<u>Proximity</u> : Inpatient services shall be available within reasonably close proximity to the Region. (100 miles)	Yes, the capacity exists for proximity to access to inpatient beds within 100 miles.	
25.3(3)c	<u>Timeliness</u> : Assessment and evaluation. An individual who has received inpatient services shall be assessed and evaluated within four (4) weeks.	<p>Yes, the following providers meet the standard.</p> <ol style="list-style-type: none"> <li>1) Abbe Center for CMH</li> <li>2) Bridgeview CMHC</li> <li>3) Hillcrest Family Services–Maquoketa CMHC</li> <li>4) Vera French CMHC</li> <li>5) Robert Young Center for CMH</li> </ol>	<p>This has been measured by reports made to Coordinators of Disability Services by the providers and by the individuals who have attempted to access the services.</p> <p>Year 1 of the EI Region's Crisis System also placed Care Coordinators:</p> <ul style="list-style-type: none"> <li>• In each hospital in the Region,</li> <li>• In the community and</li> <li>• Utilized local providers.</li> </ul> <p>Care coordinators improve access to service via a coordinated effort between the emergency department and community to provide an intensive care management approach that improves outcomes and decreases costs by increasing connectivity between providers.</p>
<b>Basic Crisis Response:</b> (24–Hour Access to Crisis Service, Crisis Evaluation, Personal Emergency Response System)			
25.3(2) & 25.3(4)a	<u>Timeliness</u> : Twenty–four–hour (24) access to crisis response, 24 hours per day, seven days per week, 365 days per year.	<p>Yes, the five (5) providers located within the Region have Crisis Service access available by an after hour system to their respective clients.</p> <ol style="list-style-type: none"> <li>1) Abbe Center for CMH</li> <li>2) Bridgeview CMHC</li> <li>3) Hillcrest Family Services–Maquoketa CMHC</li> <li>4) Vera French CMHC</li> <li>5) Robert Young Center for CMH</li> </ol>	<p>The EI Region signed an Agreement for Crisis Services with the Robert Young Center on January 14, 2016 to develop a full continuum of Mental Health Crisis Services across the Region that are locally delivered and regionally managed with state wide standards.</p> <p>In Year I, the below two (2) components were operational by FY 2017 and continue beyond in FY 2018:</p> <p>I. Crisis Evaluation</p> <p>Encompasses crisis screening and crisis assessment conducted via Telehealth, face–to–face, and includes Mobile Crisis with Cedar County.</p>



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		<p>Yes, the Region utilizes Foundation 2 for 24-hour access to Crisis Services for individuals not associated with above agencies.</p> <p>Yes, the six (6) Emergency Departments within the Region have the availability for Crisis Response and Evaluation. An individual, when presenting at a local Emergency Department, has the ability to access Telehealth.</p> <ol style="list-style-type: none"> <li>1) Genesis Medical Center Davenport, IA</li> <li>2) Genesis Medical Center DeWitt, IA</li> <li>3) Mercy Medical Center Clinton, IA</li> <li>4) Jackson County Regional Health Center Maquoketa, IA</li> <li>5) UnityPoint Health Trinity Muscatine, IA</li> <li>6) UnityPoint Health Trinity Bettendorf, IA</li> </ol> <p>Yes, Personal Emergency Response System is available through Phillips Lifeline.</p>	<p>II. 24-Hour Crisis Line</p> <p>Completed on March 2, 2016, the crisis line utilizes Foundation 2 to provide counseling, crisis services coordination, information and referral linkage to services and crisis screening.</p> <p>The Crisis Line phone number is: 1-844-430-0375.</p>
25.3(4)b	<u>Timeliness</u> : Crisis evaluation within twenty-four (24) hours.	<p>Yes, currently the access to a crisis evaluation within Twenty-four (24) hours is available by presenting at a local Emergency Department and accessing Telehealth.</p> <p>In FY18, 100% of the hospitals in the Region were live with Telehealth along with a Mobile Crisis Service provided in Cedar County</p>	<p>The Region has a system that will provide access 24/7 to mental health professionals as part of the EI Region Crisis Services Agreement.</p> <p>The 3<sup>rd</sup> Year planning phase of the EI Region Crisis Services Agreement for FY 19 has incorporated Mobile Crisis Response expansion to all five (5) counties</p> <p>Mobile Crisis Services began operation in Cedar County on 7/1/2016.</p>
<b><u>Support for Community Living</u></b> : (Home Health Aide, Home and Vehicle Modification, Respite, Supported Community Living)			
25.3(5)	<u>Timeliness</u> : The first appointment shall occur within four (4) weeks of	No, not all agencies have the capacity to meet this standard for SCL and Respite	This has been measured by reports made to Coordinators of Disability Services by the

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	<p>the individual's request of support for community living.</p>	<p>as there continues to be a shortage of trained and qualified staff to provide services along with low Medicaid reimbursement rates. The agencies within our Region include:</p> <ol style="list-style-type: none"> <li>1) Consumer Designed Services</li> <li>2) Crossroads Inc</li> <li>3) Imagine the Possibilities</li> <li>4) Handicapped Development Center</li> <li>5) Lutheran Services</li> <li>6) New Choices Inc</li> <li>7) Optima Life Services</li> <li>8) Pathway Living Center</li> <li>9) REM IA Comm. Services</li> <li>10) Skyline Center, Inc</li> <li>11) Systems Unlimited</li> <li>12) Goodwill of NE Iowa</li> </ol> <p>Yes, Home Health Aide Service providers within the Region met this standard. They are:</p> <p>Genesis Home Health Care</p> <ol style="list-style-type: none"> <li>1) Cedar County Public Health</li> <li>2) Trinity Home Care</li> <li>3) New Choices, Inc.</li> <li>4) Skyline Center, Inc.</li> </ol>	<p>providers and by the individuals who have attempted to access the services.</p> <p>All identified mental health providers within the Region are listed in the FY18 Annual Service and Budget Plan.</p>
<p><b>Support for Employment:</b> (Day Habilitation, Job Development, Supported Employment, Prevocational Services)</p>			

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25.3(6)	<u>Timeliness:</u> The initial referral shall take place within 60 days of the individual's request of support for employment.	<p>Yes, the agencies have the capacity to meet this standard for these services. The agencies include:</p> <ol style="list-style-type: none"> <li>1) Imagine the Possibilities</li> <li>2) Handicapped Development Center</li> <li>3) Skyline Center Inc</li> <li>4) Goodwill Industries</li> <li>5) ARC of SE Iowa</li> </ol>	<p>This has been measured by reports made to Coordinators of Disability Services by the providers and by the individuals who have attempted to access the services.</p> <p>An effort was made to improve the availability of Job Development and Supported Employment Services throughout the Region by reaching out to vocational providers. This process started with the 2017 legislative session when Senate File 504 was passed. The Management Team recommended offering funding opportunities to providers within the region as a way to reduce the fund balance and come into compliance with standards. Skyline Center, Inc., Crossroads, Handicapped Development Center and Imagine the Possibilities all submitted proposals to increase access to SEP. All four were awarded funds and expected to start service delivery in FY 19.</p>
<b>Recovery Services:</b> (Family Support, Peer Support)			
25.3(7)	<u>Proximity:</u> An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.	<p>Yes, the Region does meet the standard for Family Support for all individuals living within the Region.</p> <ol style="list-style-type: none"> <li>1) Family Support is available at Vera French CMHC.</li> <li>2) NAMI</li> </ol> <p>Yes, the Region does meet the standard for Peer Support for all individuals living within the Region.</p> <ol style="list-style-type: none"> <li>1) Peer Support is available through IHH programs at Bridgeview CMHC and Vera French CMHC for non Medicaid eligible individuals.</li> </ol>	<p>An effort was made to improve the availability of Family Support throughout the Region by reaching out to NAMI and other providers. This process started with the 2017 legislative session when Senate File 504 was passed. The Management Team recommended offering funding opportunities to providers within the region as a way to reduce the fund balance and come into compliance with standards. NAMI reached out to the Region to expand its Family Support educational program to serve residents in all five counties. They were awarded funds and expected to start service delivery in FY 19.</p> <p>An effort was also made behalf of the EI Region to expand Peer Support Services. This process started with the 2017 legislative session when Senate File 504 was passed. The Management Team recommended offering funding opportunities to providers within the region as a way to reduce the fund balance and come into compliance with standards. Rhonda's House, a Peer Run Respite home located in the Region, (and the first in the State of Iowa) reached out to the Region and requested funds. They were awarded funds</p>

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			<p>and expected to begin serving individuals in the fall of 2018.</p> <p>The EI Region Crisis System continued discussion on expanding Peer Support in FY 18. The EI Region Crisis System is taking the lead on obtaining and retaining providers for a Peer Support Drop In Center.</p>
<b>Service Coordination:</b> (Case Management, Health Homes)			
25.3(8)a	<p><u>Proximity:</u> An individual who receives service coordination shall not have to travel more than thirty (30) miles if residing in an urban area or forty-five (45) miles if residing in a rural area to receive services.</p>	<p>Yes, Service Coordination is available throughout the Region in the offices of the Coordinators of Disability Services.</p> <ol style="list-style-type: none"> <li>1) Cedar County</li> <li>2) Clinton County</li> <li>3) Jackson County</li> <li>4) Muscatine County</li> <li>5) Scott County</li> </ol> <p>Yes, Targeted Case Management is provided by:</p> <ol style="list-style-type: none"> <li>1) DHS–Scott County</li> </ol> <p>Yes, proximity for Health Homes Services is available for adults and children in the Region.</p>	<p>According to the DHS website, the EI Region has CCHH provider agencies (Chronic Condition Health Homes) in Scott, Muscatine and Cedar Counties.</p> <p>Targeted Case Management Offices ended services on:</p> <ol style="list-style-type: none"> <li>1) Muscatine County–9/2017</li> <li>2) Clinton County–8/2017</li> <li>3) Jackson County–12/2017</li> <li>4) Cedar County–4/2018</li> </ol>
25.3(8)b	<p><u>Timeliness:</u> An individual shall receive service coordination within ten (10) days of the initial request for such service or being discharged from an inpatient facility.</p>	<p>In the offices of the Coordinators of Disability Services, staff meets this standard.</p>	

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## Additional Core Services Available in Region: Iowa Code 331.397(6)

The Chart below includes additional core services currently provided or being developed.

<u>Service Domain/Service</u>	<u>Available:</u> <ul style="list-style-type: none"> <li>• Yes/No</li> <li>• By which providers</li> </ul>	<u>Comments:</u> <ul style="list-style-type: none"> <li>• Is it in a planning stage? If so describe.</li> </ul>
<b>Comprehensive Facility and Community-Based Crisis Services:</b> 331.397~ 6.a.		
24-Hour Crisis Hotline	Yes, the following providers have crisis lines available. <ol style="list-style-type: none"> <li>1) Abbe Center for CMH</li> <li>2) Bridgeview CMHC</li> <li>3) Hillcrest Family Services– Maquoketa CMHC Family</li> <li>4) Vera French CMHC</li> <li>5) Robert Young for CMH</li> <li>6) El Region Crisis Line contracted through Foundation 2</li> </ol>	The Region signed an Agreement for Crisis Services with the Robert Young Center on January 14, 2016 to develop a full continuum of Mental Health Crisis Services across the Region that are locally delivered and regionally managed with state wide standards. One (1) of the services offered is: <ol style="list-style-type: none"> <li>I. 24-Hour Crisis Line Completed on March 2, 2016 the crisis line utilizes Foundation 2 to provide counseling, crisis services coordination, information and referral linkage to services and crisis screening.</li> </ol>
Mobile Response	Yes, the portion of Cedar County that is located within a thirty (30) mile radius of Iowa City has access to an ACT Team provided by University of Iowa Hospitals and Clinics.  Yes, mobile crisis response is also available in Cedar County provided by Foundation 2.  No, the other four (4) counties do not have this service available.	Mobile Crisis (Response) through the El Region Crisis Services system became operational in Cedar County within FY17.  The 3 <sup>rd</sup> Year planning phase of the El Region Crisis Services Agreement for FY 19 has incorporated Mobile Crisis Response expansion to all five (5) counties.
23-Hour crisis observation & holding	Not available	This has been discussed and the Region would like to pursue this service. However, concern over the future availability of funding to sustain this service prevents the Region from considering it at this time.
Crisis Stabilization Community Based Services	Not available	This has been discussed and the Region would like to pursue this service. However, concern over the future availability of funding to sustain this service prevents the Region from considering it at this time.
Crisis Stabilization Residential Services	Not available	The 3 <sup>rd</sup> year planning phase of the El Region Crisis Service system for FY 19 has identified this service to be offered in three (3) of the five (5) counties.

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Other	STEP-IN (Short Term Evaluation Program for Immediate Needs) is available on a voluntary basis to children/adolescents and their families in Clinton and Jackson County. This is not funded by the Region.	At this time a similar program for adults is not being considered. It is expected the crisis response services will address the needs of adults in crisis.
<b><u>Crisis Residential Services:</u></b> 331.397~ 6.b.		
Sub-acute Services 1–5 beds	Not available	This has been discussed and the Region would like to pursue this service. However, concern over the future availability of funding to sustain this service prevents the Region from considering it at this time.
Sub-acute Services 6+ beds	Not available	This has been discussed and the Region would like to pursue this service. However, concern over the future availability of funding to sustain this service prevents the Region from considering it at this time.
<b><u>Justice System–Involved Services:</u></b> 331.397~ 6.c.		
Jail Diversion	Not available.	<p>On November 11, 2016, the steering committee received a proposal by the RYC for year 2 of the Crisis Services System. The proposal included a process to <u>I</u>ncrease access, <u>D</u>ecrease cost and <u>I</u>ncrease quality (ACQ). This initiative was born from numerous stakeholder meetings between law enforcement and staff. It was decided the Region needed to provide mobile crisis evaluation, expand the Eastern Iowa criminal justice delivery system, provide a coordinated treatment from incarceration thru release and provide a community based treatment for co-occurring Substance Abuse and Mental Health in the continuum of services. The proposals for thee positions, known as ACQ's, reflected the following activity:</p> <p>The Justice Involved Care Coordinator staff position works directly with the Clerk of Courts, sheriff and jail administrator. Although this position spends a majority of their time at the county jail, the primary role and reason for the licensure is to complete a mental health mobile pre-screen and provide recommendation for treatment.</p> <p>Progress year to date: The Justice Involved Care Coordinator positions and functions are operational in Scott and Clinton.</p> <p>Jackson, by cross training of the co-occurring staff, also is considered operational. Openings remain in Cedar, Jackson and Muscatine. The Co-occurring position became active in FY 18 in Scott, Clinton and Jackson Counties. Future use is budgeted and planned.</p>

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Crisis Prevention Training	Available	Progress year to date: CIT training was completed as of 12/11/2017 and also the week of 1/15/2018. Future trainings are budgeted and planned.
Civil Commitment Prescreening	Available	<p>On November 11, 2016, the steering committee of the EI Region was presented a proposal by the RYC for year 2 of the Crisis Services development. The proposal included Civil Commitment Prescreening:</p> <p>The Justice Involved Care Coordinator staff position works directly with the Clerk of Courts, sheriff and jail administrator. Although this position spends a majority of their time at the county jail, the primary role and reason for the licensure is to complete a mental health mobile pre-screen and provide recommendation for treatment.</p> <p>Progress year to date: The Justice Involved Care Coordinator position is operational in Scott and Clinton. Jackson, by cross training of the co-occurring staff, also is considered operational. Openings remain in Cedar, Jackson and Muscatine. The Co-occurring position became active in FY 18 in Scott, Clinton and Jackson Counties. Future use is budgeted and planned.</p>
Other	Yes, outpatient evaluations for adults/children and adolescents, under Chapter 229, are available at Bridgeview CMHC.	<p>The Region has discussed approaching the other three (3) CMHCs about the feasibility of offering this service.</p> <p>The Chief Judge is willing to promote this among all district court judges.</p>
Other	Yes, service coordination for commitments is available within the Region.	<p>All five (5) County Coordinators of Disability Services provide service coordination at the time of filing and the commitment hearing.</p> <p>This includes attending hearings, discussing treatment options and coordinating discharge services with the providers and the courts.</p>

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## Individuals Served in Fiscal Year 2018

This section includes:

- The number of individuals in each diagnostic category funded for each service.
- The unduplicated count of individuals funded by age and diagnostic category.

### Warehouse Report: Unduplicated Count

*This chart lists the number of individuals funded for each service by diagnosis.*

FY 2018 Actual GAAP	Eastern Iowa MHDS Region	MI (40)		ID(42)		DD(43)		BI (47)		Other	Total
<b>Core</b>											
	<b>Treatment</b>										
42305	Psychotherapeutic Treatment - Outpatient	505	4	4							513
42306	Psychotherapeutic Treatment - Medication Prescribing	9									9
43301	Evaluation (Non Crisis) - Assessment and Evaluation	22									22
71319	State MHI Inpatient - Per diem charges	15									15
73319	Other Priv./Public Hospitals - Inpatient per diem charges	42	8								50
	<b>Basic Crisis Response</b>										
	<b>Support for Community Living</b>										
32325	Support Services - Respite Services	1									1
32329	Support Services - Supported Community Living	56		11		12					79
	<b>Support For Employment</b>										
50362	Voc/Day - Prevocational Services	3		5							8
50364	Voc/Day - Job Development					1					1
50367	Day Habilitation	23		2				1			26
50368	Voc/Day - Individual Supported Employment	1		10		3		1			15
	<b>Recovery Services</b>										
	<b>Service Coordination</b>										
24376	Health Homes Coordination - Coordination Services	20									20
	<b>Core Evidence Based Treatment</b>										
	<b>Core Subtotals:</b>	<b>697</b>	<b>12</b>	<b>32</b>		<b>16</b>		<b>2</b>			<b>759</b>
<b>Mandated</b>											
74XXX	Commitment Related (except 301)	497	99	5							601
75XXX	Mental health advocate	94	10								104
	<b>Mandated Subtotals:</b>	<b>591</b>	<b>109</b>	<b>5</b>							<b>705</b>
<b>Core Plus</b>											
	<b>Comprehensive Facility and Community Based Treatment</b>										
44313	Crisis Stabilization Residential Service (CSRS)	4	1	1							6



## The Eastern Iowa MH/DS Region – Annual Report FY 2018

	<b>Sub-Acute Services</b>											
64309	Sub Acute Services (6+ Beds)	1										1
	<b>Justice System Involved Services</b>											
46305	Mental Health Services in Jails		1									1
	<b>Additional Core Evidence Based Treatment</b>											
42397	Psychotherapeutic Treatment - Psychiatric Rehabilitation	1										1
	<b>Core Plus Subtotals:</b>	<b>6</b>	<b>2</b>	<b>1</b>								<b>9</b>
<b>Other Informational Services</b>												
<b>Community Living Support Services</b>												
22XXX	Services management	102		96	1	10						209
23376	Crisis Care Coordination - Coordination Services	124	1									125
31XXX	Transportation	126		10		6						142
32326	Support Services - Guardian/Conservator	55		52		4						111
32327	Support Services - Representative Payee	95		71		10						176
33340	Basic Needs - Rent Payments	21										21
33345	Basic Needs - Ongoing Rent Subsidy	15										15
33399	Basic Needs - Other	1										1
41305	Physiological Treatment - Outpatient	1										1
41306	Physiological Treatment - Prescription Medicine/Vaccines	593	35									628
42396	Psychotherapeutic Treatment - Community Support Programs	79		2								81
42399	Psychotherapeutic Treatment - Other	12										12
63329	Comm Based Settings (1-5 Bed) - Supported Community Living	1										1
	<b>Community Living Support Services Subtotals:</b>	<b>1225</b>	<b>36</b>	<b>231</b>	<b>1</b>	<b>30</b>						<b>1523</b>
<b>Congregate Services</b>												
50360	Voc/Day - Sheltered Workshop Services	118		277		14		4				413
64329	Comm Based Settings (6+ Beds) - Supported Community Living	1										1
64XXX	ICF-6 and over beds	4										4
64XXX	RCF-6 and over beds	122	1	8		1						132
	<b>Congregate Services Subtotals:</b>	<b>245</b>	<b>1</b>	<b>285</b>		<b>15</b>		<b>4</b>				<b>550</b>
<b>Administration</b>												
11XXX	Direct Administration									1		1
	<b>Administration Subtotals:</b>									<b>1</b>		<b>1</b>
<b>Uncategorized</b>												
<b>Regional Totals:</b>		<b>2764</b>	<b>160</b>	<b>554</b>	<b>1</b>	<b>61</b>		<b>6</b>		<b>1</b>		<b>3547</b>

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## Warehouse Report: Persons Served

The chart below shows the unduplicated count of individuals funded by diagnosis.

Disability Group	Children	Adult	Unduplicated Total	DG
	0	1	1	
Mental Illness	141	1902	2043	40
Mental Illness, Intellectual Disabilities	0	120	120	40, 42
Mental Illness, Intellectual Disabilities, Other Developmental Disabilities	0	6	6	40, 42, 43
Mental Illness, Other Developmental Disabilities	0	9	9	40, 43
Intellectual Disabilities	1	249	250	42
Intellectual Disabilities, Other Developmental Disabilities	0	7	7	42, 43
Intellectual Disabilities, MH/DD General Administration	0	1	1	42, 44
Intellectual Disabilities, Brain Injury	0	1	1	42, 47
Other Developmental Disabilities	0	15	15	43
Brain Injury	0	4	4	47
Total	142	2315	2457	99

## Financials

This section includes tables for: Expenditures, Revenues, and County Levies.

## Expenditures

### Warehouse Report: Entity Dollars by COA

The chart on the following page shows the regional funds expended by service and by diagnosis.

Fiscal Year 2018	Eastern Iowa MHDS MHDS Region	MI (40)	ID (42)	DD (43)	BI (47)	Admin (44)	Other	Total
Core								
	Treatment							
42305	Psychotherapeutic Treatment - Outpatient	\$269,161.41	\$165.23					\$269,326.64
42306	Psychotherapeutic Treatment - Medication Prescribing	\$1,347.71						\$1,347.71
43301	Evaluation (Non Crisis) - Assessment and Evaluation	\$6,158.65						\$6,158.65
71319	State MHI Inpatient - Per diem charges	\$568,110.63						\$568,110.63

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73319	Other Priv./Public Hospitals - Inpatient per diem charges	\$109,730.36						\$109,730.36
	<b>Basic Crisis Response</b>							
32322	Support Services - Personal Emergency Response System							\$0.00
44301	Crisis Evaluation	\$1,430,000.00						\$1,430,000.00
44305	24 Hour Crisis Response							\$0.00
	<b>Support for Community Living</b>							
32320	Support Services - Home Health Aides							\$0.00
32325	Support Services - Respite Services	\$2,439.00						\$2,439.00
32328	Support Services - Home/Vehicle Modification							\$0.00
32329	Support Services - Supported Community Living	\$643,078.59	\$78,959.28	\$66,536.46				\$788,574.33
	<b>Support For Employment</b>							
50362	Voc/Day - Prevocational Services	\$4,964.12	\$61,126.73					\$66,090.85
50364	Voc/Day - Job Development			\$661.30				\$661.30
50367	Day Habilitation	\$20,716.53	\$18,163.39		\$3,872.18			\$42,752.10
50368	Voc/Day - Individual Supported Employment	\$356.72	\$58,750.42	\$12,236.44	\$631.12			\$71,974.70
50369	Voc/Day - Group Supported Employment							\$0.00
	<b>Recovery Services</b>							
45323	Peer Family Support - Family Support							\$0.00
45366	Peer Family Support - Peer Support Services							\$0.00
	<b>Service Coordination</b>							
21375	Case Management - 100% County							\$0.00
24376	Health Homes Coordination - Coordination Services	\$13,600.00						\$13,600.00
	<b>Core Evidence Based Treatment</b>							
04422	Consultation - Educational and Training Services							\$0.00
32396	Supported Housing							\$0.00
42398	Assertive Community Treatment (ACT)							\$0.00
45373	Peer Family Support - Family Psycho-Education							\$0.00
	<b>Core Subtotals:</b>	<b>\$3,069,663.72</b>	<b>\$217,165.05</b>	<b>\$79,434.20</b>	<b>\$4,503.30</b>			<b>\$3,370,766.27</b>

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<b>Mandated</b>								
46319	Iowa Medical and Classification Center (Oakdale)							\$0.00
72319	State Hospital Schools - Inpatient per diem charges							\$0.00
74XXX	Commitment Related (except 301)	\$242,513.10	\$1,216.77					\$243,729.87
75XXX	Mental health advocate	\$142,269.84	\$887.99					\$143,157.83
	<b>Mandated Subtotals:</b>	<b>\$384,782.94</b>	<b>\$2,104.76</b>					<b>\$386,887.70</b>
<b>Core Plus</b>								
	<b>Comprehensive Facility and Community Based Treatment</b>							
44302	23 Hour Observation and Holding							\$0.00
44307	Mobile Response							\$0.00
44312	Crisis Stabilization Community Based Services (CSCBS)							\$0.00
44313	Crisis Stabilization Residential Service (CSRS)	\$53,739.18	\$4,500.00					\$58,239.18
44346	Crisis Services - Telephone Crisis Service							\$0.00
44366	Warm-Line							\$0.00
	<b>Sub-Acute Services</b>							
63309	Sub Acute Services (1-5 Beds)							\$0.00
64309	Sub Acute Services (6+ Beds)	\$5,600.00						\$5,600.00
	<b>Justice System Involved Services</b>							
25XXX	Coordination services							\$0.00
46305	Mental Health Services in Jails	\$107,216.95						\$107,216.95
46306	Prescription Medication (Psychiatric Medications in Jail)							\$0.00
46399	Justice System - Involved Services - Other							\$0.00
46422	Crisis Prevention Training							\$0.00
46425	Mental Health Court related expenses							\$0.00
74301	Civil Commitment Prescreening							\$0.00
	<b>Additional Core Evidence Based Treatment</b>							
42366	Psychotherapeutic Treatment - Social Support Services							\$0.00
42397	Psychotherapeutic Treatment - Psychiatric Rehabilitation	\$2,745.00						\$2,745.00
	<b>Core Plus Subtotals:</b>	<b>\$169,301.13</b>	<b>\$4,500.00</b>					<b>\$173,801.13</b>

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<b>Other Informational Services</b>								
03371	Information and Referral Services							\$0.00
04372	Planning and/or Consultation Services (Client Related)							\$0.00
04377	MHDS Contract Provider Incentive Payment							\$0.00
04399	Consultation							\$0.00
04429	Planning and Management Consultants (Non-Client Related)							\$0.00
05373	Public Education Services	\$495.15						\$495.15
	<b>Other Informational Services Subtotals:</b>	<b>\$495.15</b>						<b>\$495.15</b>
<b>Community Living Support Services</b>								
06399	Academic Services							\$0.00
22XXX	Services management	\$299,077.89	\$65,447.46	\$6,628.92				\$371,154.27
23376	Crisis Care Coordination - Coordination Services	\$55,213.44						\$55,213.44
31XXX	Transportation	\$29,389.16	\$2,216.85	\$6,866.20				\$38,472.21
32321	Support Services - Chore Services							\$0.00
32326	Support Services - Guardian/Conservator	\$29,331.60	\$24,796.25	\$1,571.88				\$55,699.73
32327	Support Services - Representative Payee	\$45,088.73	\$12,555.39	\$1,820.01				\$59,464.13
32335	Consumer-Directed Attendant Care							\$0.00
32399	Support Services - Other							\$0.00
33330	Mobile Meals							\$0.00
33340	Basic Needs - Rent Payments	\$6,778.53						\$6,778.53
33345	Basic Needs - Ongoing Rent Subsidy	\$80,421.80						\$80,421.80
33399	Basic Needs - Other	\$600.00						\$600.00
41305	Physiological Treatment - Outpatient	\$459.00						\$459.00
41306	Physiological Treatment - Prescription Medicine/Vaccines	\$140,972.06						\$140,972.06
41307	Physiological Treatment - In-Home Nursing							\$0.00
41308	Physiological Treatment - Health Supplies and Equipment							\$0.00
41399	Physiological Treatment - Other							\$0.00
42309	Psychotherapeutic Treatment - Partial Hospitalization							\$0.00

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42310	Psychotherapeutic Treatment - Transitional Living Program							\$0.00
42363	Psychotherapeutic Treatment - Day Treatment Services							\$0.00
42396	Psychotherapeutic Treatment - Community Support Programs	\$413,618.55	\$6,160.00					\$419,778.55
42399	Psychotherapeutic Treatment - Other	\$3,185.00						\$3,185.00
44304	Crisis Services - Emergency Care							\$0.00
50361	Vocational Skills Training							\$0.00
50365	Supported Education							\$0.00
50399	Voc/Day - Day Habilitation							\$0.00
63310	Comm Based Settings (1-5 Bed) - Assisted Living							\$0.00
63329	Comm Based Settings (1-5 Bed) - Supported Community Living	\$5,323.20						\$5,323.20
63399	Comm Based Settings (1-5 Bed) - Other							\$0.00
63XXX	ICF 1-5 beds							\$0.00
63XXX	RCF 1-5 beds							\$0.00
	<b>Community Living Support Services Subtotals:</b>	<b>\$1,109,458.96</b>	<b>\$111,175.95</b>	<b>\$16,887.01</b>				<b>\$1,237,521.92</b>
<b>Congregate Services</b>								
50360	Voc/Day - Sheltered Workshop Services	\$175,528.33	\$1,160,334.63	\$24,165.13	\$13,924.49			\$1,373,952.58
64310	Comm Based Settings (6+ Beds) - Assisted Living							\$0.00
64329	Comm Based Settings (6+ Beds) - Supported Community Living	\$37,012.50						\$37,012.50
64399	Comm Based Settings (6+ Beds) - Other							\$0.00
64XXX	ICF-6 and over beds							\$0.00
64XXX	RCF-6 and over beds	\$1,902,469.36	\$133,766.57	\$83,987.60				\$2,120,223.53
	<b>Congregate Services Subtotals:</b>	<b>\$2,115,010.19</b>	<b>\$1,294,101.20</b>	<b>\$108,152.73</b>	<b>\$13,924.49</b>			<b>\$3,531,188.61</b>
<b>Administration</b>								
11XXX	Direct Administration					\$752,662.35		\$752,662.35
12XXX	Purchased Administration					\$237,898.89		\$237,898.89
	<b>Administration Subtotals:</b>					<b>\$990,561.24</b>		<b>\$990,561.24</b>
<b>Uncategorized</b>								
	<b>Regional Totals:</b>	<b>\$6,848,712.09</b>	<b>\$1,629,046.96</b>	<b>\$204,473.94</b>	<b>\$18,427.79</b>	<b>\$990,561.24</b>		<b>\$9,691,222.02</b>

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*CSN 3.0 Versus GAAP Reporting			
FY18	Regional Totals		
13951	Distribution to MHDS Regional Fiscal Agent	0.00	
14951	MHDS Fiscal Agent Reimbursement to MHDS Regional Member	0.00	
	<b>CSN 3.0 Region Total:</b>		\$9,691,222.02

\*The table above is a reconciliation table showing a summary of expenditures including elimination entries of COA 13951 & COA 14951.

# The Eastern Iowa MH/DS Region – Annual Report FY 2018

## Revenue

The chart below shows the combined revenue reported by each member county.

<b>FY 2018 Accrual</b>	<b>Eastern Iowa MHDS Region</b>		
<b>Revenues</b>			
	FY17 Annual Report Ending Fund Balance		\$13,952,722
	Adjustments to 6/30/17 Fund Balance		2,194
	<b>Audited Beginning Fund Balance as of 6/30/17</b>		<b>\$13,954,914</b>
	<b>Local/Regional Funds</b>		<b>\$ 7,162,361</b>
10XX	Property Tax Levied	\$6,623,473	
12XX	Other County Taxes	8,665	
16XX	Utility Tax Replacement Excise Taxes	233,994	
25XX	Other Governmental Revenues		
4XXX- 5XXX	Charges for Services	110,377	
5310	Client Fees		
60XX	Interest	143,937	
6XXX	Use of Money & Property		
8XXX	Miscellaneous	41,915	
92XX	Proceeds /Gen Fixed assets sales		
	<b>State Funds</b>		<b>\$ 650,192</b>
21XX	State Tax Credits	397,529	
22XX	Other State Replacement Credits	200,750	
2250	MHDS Equalization		
24XX	State/Federal pass thru Revenue	27,320	
2644	MHDS Allowed Growth // State Gen. Funds	24,287	
2645	State Payment Program		
29XX	Payment in Lieu of taxes	306	
	<b>Federal Funds</b>		<b>\$ -</b>
2344	Social services block grant		
2345	Medicaid		
	Other		
	<b>Total Revenues</b>		<b>\$ 7,812,553</b>

<b>Total Funds Available for FY18</b>	<b>\$ 21,767,467</b>
<b>FY18 Accrual Regional Expenditures</b>	<b>9,691,222</b>
<b>Accrual Fund Balance as of 6/30/18</b>	<b>\$ 12,076,245</b>



## The Eastern Iowa MH/DS Region – Annual Report FY 2018

### County Levies

County	2015 Est. Pop.	Regional Per Capita Target	FY18 Max Levy	FY18 Actual Levy	Actual Levy Per Capita
Cedar	18,340	30.78	564,505	564,451.00	30.78
Clinton	47,768	30.78	1,470,299	1,470,159.00	30.78
Jackson	19,444	30.78	598,486	598,429.00	30.78
Muscatine	43,011	30.78	1,323,879	1,323,752.00	30.78
Scott	172,126	30.78	5,298,038	3,308,032.00	19.22
<b>Region</b>	<b>300,689</b>		<b>9,255,207.42</b>	<b>7,264,823.00</b>	

### *Outcomes*

**History:** The Eastern Iowa MH/DS Region was formed based on relationships that already existed within the 7<sup>th</sup> Judicial District. The committee for the 7<sup>th</sup> Judicial District Department of Correctional Services, which was made up of one (1) Board of Supervisor from each county, became the initial work group to discuss regionalization. Upon the signing of the 28E Agreement, each county Board then designated a representative to serve on the Eastern Iowa MH/DS Regional Governing Board of Directors.

The Region's total population is approximately 300,649 according to the 2016 consensus. It is comprised of three (3) urban (per IAC 25.1) counties- Clinton, Muscatine and Scott County, and two (2) rural counties- Cedar and Jackson County. This resulted in a broad range of resources and providers, and areas where there is a gap in service providers. One (1) of the most notable examples is that Cedar County does not have a hospital located in the county. This was an important fact when discussing implementation of basic crisis response services throughout the Region.

### Year in Review FY 18: Continued Expansion of a Crisis System

On January 30, 2017, the Regional Governing Board entered into a third Amendment of the Regional Crisis Services Agreement with the Robert Young Center (RYC) to extend the Agreement to match the fiscal year for budgeting purposes. This Amendment provides additional and complementary services to the organized mental health crisis system in Eastern Iowa.

The Amendment is a component to Eastern Iowa (EI) Crisis System designed to increase Access, decrease Cost, and increase Quality; (ACQ) were gleaned from the 180 stakeholder meetings held throughout the five (5) counties with behavioral health service providers, emergency medical service staff, justice system staff, law enforcement staff and local agencies.

All aspects of the EI Region Crisis System for FY17 and beyond are anticipated to decrease overall cost while increasing the quality of care and the dignity provided to those with mental illness and their families. The Amendment of the EI Region Crisis System focuses on: a) mobile crisis evaluations; b) criminal justice needs of residents of the Region; c) coordinated treatment from incarceration through release; d) and community based treatment for co-occurring substance abuse and mental health throughout the continuum of services.

# **The Eastern Iowa MH/DS Region – Annual Report FY 2018**

Plans for Moving Forward: moving forward, the EI Crisis System for FY 19, known as Year 3, will include:

- Peer Drop-In Center;
- Mobile Crisis Expansion to all 5 (five) counties;
- Crisis Stabilization Residential Services;
- Supported Employment Provider and Service Mapping.

Also, Year 3 will provide the continuation of managing the Emergency Department Telehealth system/crisis linkages and reconnection with community services as they are vital to the success and outcomes of the EI Crisis Services System.

This proposal was received on March 26, 2018 and officially signed by the Governing Board on 6/20/2018.

In addition to the EI Region Crisis System, there are other services already in place in the Region. The outcomes of these services are to avoid more intensive and costly services such as emergency room visits, inpatient hospitalization and intervention by law enforcement agencies. These services include:

- Funding of preventative services such as psychotropic medications.
- Offering Community Support Programs to individuals not eligible for insurance.
- Mental Health/First Aid Training to stakeholders.
- A project to deflect individuals from inpatient hospital evaluation to an outpatient evaluation under the 229 mental health commitment processes.
- Crisis Care Coordination, i.e., Emergency Lodging Services.
- Mental Health services provided to inmates.
- STEP-IN Crisis Intervention for youth.
- Assistance as needed in completing the Iowa Health and Wellness Plan (IHW) application.
- SOAR (SSI/SSDI Outreach, Access and Recovery).

## ***Collaboration***

### **Collaboration with Community Organizations/Hospitals and MCOs**

#### **Plan for Regional Fund Balance “Spend Down” using a Request for Regional Funding**

- Background of SF 504

SF 504 made significant changes to the mental health system by altering the tax levy authority, devising a new regional per capita and requiring a fund balance reduction over a three (3) year period. Some basic principles of SF 504 are:

- Requires fund balance to be no greater than the cash flow based on the population of the region.
- Regions with population greater than 100,000 or more may only retain a 20% fund balance.
- Regions with population less than 100,000 may only retain a 25% fund balance and;
- Regional *and* county fund balance must be allocated back to counties.

#### **Request for Regional Investment Funds (RIF)**

- Background of RIF

## **The Eastern Iowa MH/DS Region – Annual Report FY 2018**

In FY 2018, after several agencies had approached the Region requesting funding to address programmatic needs, the Eastern Iowa Region responded by agreeing to provide a one-time funding source for local providers and organizations, anticipated to be awarded for FY 19. An application was drafted and posted to the website to solicit proposals for Regional Investment Funds (RIF) to reduce the Regional fund balance. Criteria of the RIF application stated providers and organizations must show alignment with the Eastern Iowa MH/DS Region's Management Plan to address Core Service Domains referenced in IC 331.397(4) or Additional Core Service Domains referenced in IC 331.397(6) or Evidence Based Practice IC 331.397(7) as mandated by Senate File 2315 for mental health re-design.

The RIF also requested providers and organizations submit written proposals identifying the Scope of Services in which they needed to: describe their proposed request and the community need; how the request aligned with the vision of the Region; to name the specific population the project will serve; whether the request included collaboration with any other entity; and the timeframe of the proposed request.

Lastly, the providers and organizations would be required to report on mutually agreed upon outcome data on a quarterly basis.

By the application end date of 1/31/2018, thirty-one proposals had been received requesting over \$8 million dollars. Once all bids were screened for criteria, the amount anticipated to be awarded to providers and organizations for FY 19 is \$1,362,748.60. At the Governing Board meeting held on March 26, 2018, discussion on the fiscal impact of pending legislation and the uncertain projected ending fund balances from the individual counties prohibited the board from taking formal action. After further discussion with the fiscal agent and the management team, the Governing Board took official action and on June 18, 2018, the Regional Governing Board approved one (1) time funding to 13 local providers and agencies.

### **Collaboration in the Development of a Crisis System in Eastern Iowa**

As noted above, in the section entitled *Year in Review FY 18: Continued Expansion of a Crisis System*", the recommendation of service development for Year 2 components were gleaned from the 180 stakeholder meetings held throughout the five (5) counties with behavioral health service providers, emergency medical service staff, justice system staff, law enforcement staff and local agencies.

All of Year 1, *the Foundational Components* and Year 2, *the Expansion of Crisis Services*, are continued under a proposal titled: Year 3, *the Full Continuum of Services*.

The RYC staff of the Eastern Iowa MH/DS Crisis System presented a proposal on Year 3 to the Governing Board on March 26, 2018. An overview of the proposal is:

- A standardization of the Crisis System across the Region to meet the needs of individual counties by:
  - Mobile Crisis Expansion to all five (5) Counties
  - Inclusion of a Warm Line
- A workforce development plan to provide training opportunities to include:
  - Mental Health First Aid
  - Yearly CIT Law Enforcement training
  - Trauma Informed Care
- To address barriers to services by expanding Prescriber Bridge Appointments and Transportation needs.
- To strengthen community based services identified as:

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- Supported Employment Provider and Service Mapping
- Peer Recovery Specialists/Drop In Centers
- Crisis Stabilization Residential Services

### *Unmet Needs*

#### Efforts to Address Unmet Needs:

##### **History**

**Strategic Behavioral Health:** Strategic Behavioral Health, LLC, (SBH) completed a market study in the State of Iowa regarding the shortage of psychiatric beds which indicated the Eastern Iowa MH/DS Region was under served. In June 2015, representatives from Strategic Behavioral Health, LLC, a for profit company, began meeting with stakeholders to discuss inpatient needs. This resulted in a Certificate of Need (CON) hearing. The health facilities council deadlocked on approving the project twice but ultimately voted to give it the go-ahead in July of 2017.

##### **Progress**

Groundbreaking of the proposed project occurred in April of 2018. The anticipated opening is early winter of 2019.

##### **History**

**Robert Young Center:** To address the need for additional inpatient psychiatric beds in the Region and to prevent individuals, both adults and children/adolescents, from being treated outside of this Region, the RYC had actively lobbied Illinois legislators to develop a “pilot project.” This project will allow adults involuntarily committed under the 229 Section of the Code of Iowa to be treated at an inpatient facility at UnityPoint Health, Rock Island, Illinois. The project will *only* impact adults currently residing within the Region.

##### **Progress**

The bill, Public Act 100-0012, to develop a “pilot project” was passed in the 2017 Illinois legislative session. Effective 1/1/2018, the Region will utilize a two year pilot project to provide additional inpatient access, if no beds are available at the two (2) Regional facilities: Genesis Hospital and Mercy Medical/Clinton Hospital, for adults from the Region who are court ordered to receive a mental health evaluation under Iowa Code Chapter 229. The inpatient facility for the “pilot project” is located at the UnityPoint Hospital in Rock Island, Illinois. During the time frame of 1/1/2018-6/30/2018, six (6) adults from the Region utilized the service.

##### **History**

**Training for Peer Support Program:** On May 24, 2016 one (1) member of the Region’s Management Team, in collaboration with a local provider, attended a meeting on Peer Support Programs. Under the EI Region Crisis System, a Peer Services Meeting was held on 5/24/2017 with Vera French MHC,

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Bridgeview CHMC, Life Connections and Plugged In Iowa to gather interest and expectations. As of 6/22/2017, a Request for Information (RFI) is being developed

### **Progress**

The EI Region Crisis System continued discussion on expanding Peer Support in FY 18. The EI Region Crisis System is taking the lead on obtaining and retaining providers. On the Component Implementation Tracking Sheet (dashboard), it was reported: “An RFI response was sent out to all those that submitted a proposal with a final proposal due February 23, 2018. Face to face meetings are scheduled from March of 2018 forward to work toward the implementation process”.

### *Waiting List:*

No waiting lists were established for any services during FY18.

### *Appeals:*

No non-expedited or any expedited appeals were filed in FY18.

### *Exceptions to Policy:*

The Region had one (1) Exception to Policy granted for FY18.

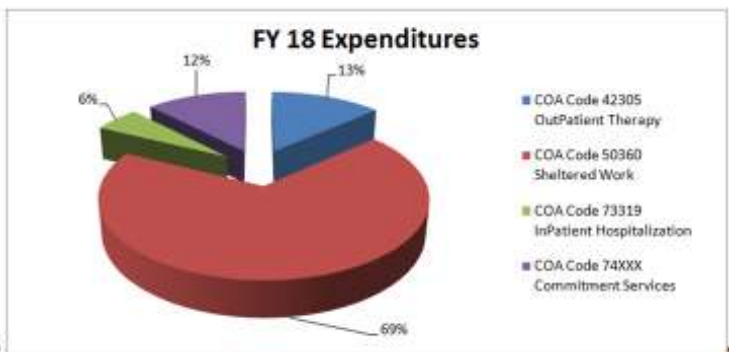
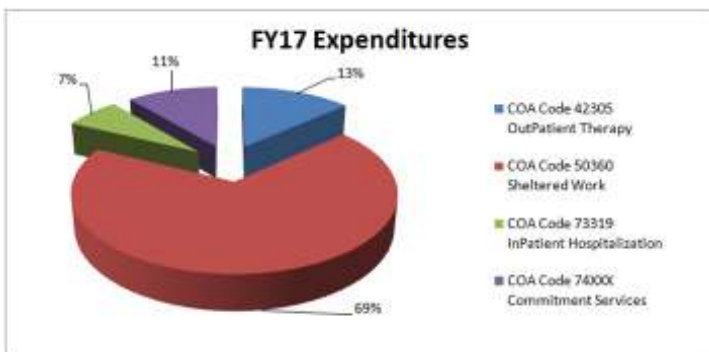
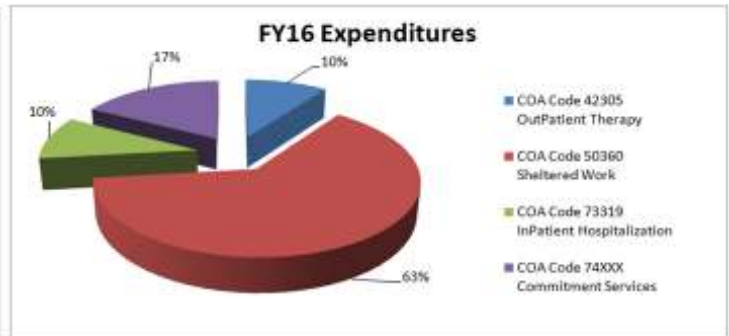
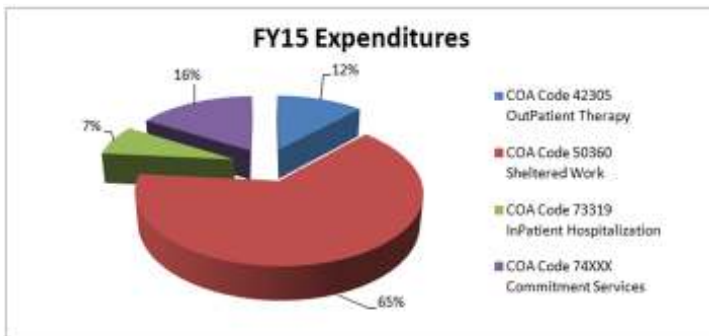
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## *Expenditure Charts:*

The Region is interested in documenting and reporting on four (4) specific areas: 1) sheltered work services, 2) outpatient therapy, 3) inpatient hospitalization and 4) overall cost of commitments. Strategies are being implemented to improve services and reduce expenditures in these areas by analyzing the data in these four areas.

- 1) **Sheltered Work:** while expenditures in FY17 and FY18 remained constant, it was a slight increase from the previous two years. With the Region's implementation of the one-time funding opportunity offered through the Regional Investment Funds (RIF) program, it is the expectation of the Region that in upcoming fiscal years there will be a reduction of expenditures in the area of sheltered work, as providers strive to develop community based employment opportunities.
- 2) **Outpatient Therapy:** while expenditures in FY17 and FY18 remained constant, it was a slight increase from the previous two years. It is the intent of the Region to continue to work closely with the outpatient therapy providers and IHH programs to assure that individuals are accessing Medicaid coverage available under the Medicaid expansion by submitting an application for Medicaid coverage in a timely manner.
- 3) **Inpatient Hospitalization:** there has been a slight decrease in expenditures in FY17 and FY18 from the previous year. With the ongoing improvements to the existing crisis service system, as well as staff positions being filled, it is anticipated there will be a further reduction of expenditures in this area. The anticipated development of additional services, particularly in the area of peer support and recovery services and ACT, will also benefit this area. The RIF program will aid in this development.
- 4) **Overall cost of commitments:** there has been a decrease in expenditures in FY17 and FY18 from the previous two years. With the ongoing improvements to the existing crisis service system and staff positions being filled, as well as expansion of ACT to the entire region, it is anticipated there will be a further reduction of expenditures in this area.

*\*Please note* the charts indicate dollars expended per fiscal year by listed COA CODES and not a percentage of the overall budget.



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